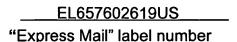
• • •	UTILITY	Atton	ney Do	cket N	umber	00-494-U	S			
OTILITY			Inventor or Application Identifier SOLTIS et al.							
TRANSMITTAL Title										
(Only for	new nonprovisional applications under 37 C.F.R. § 1.53(b))	Express Mail Label No.				EL657602619US				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231					
1. 🔀	(Submit an original, and a duplicate for fee processing)				5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies					
	-Brief Description of the Drawings (if filed)			Δ	CCOM	PANYING	APPLICA	TION P	ARTS	
Prior ap	ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. 37 CFR § 3.73(b) Statement Power of Attorney (when there is an assignee) 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. *Small Entity Statement filed in prior application, Statement(s) Status still proper and desired 14. Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. Other:									
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 17. CORRESPONDENCE ADDRESS										
	17. CORN	(ESPL		IVCE	AUUK	LOO				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here or Correspondence address below										
NAME	NAME Robert D. Kucler, Esq. Reed Smith LLP									
ADDRE	SS P.O. Box 488									
CITY	TY Pittsburgh				STATE PA ZIP CODE 15230-0488					
COUNT	RY US	TELE	PHON	E	412-2	88-4598	FAX	412-288-	-3300	
Name (Print/Type) Robert D. Kucler						Registration No. (Attorney/Agent) 45,908				
Signature RQ D A						Date No	vember 16, 20	000		

FEE TRANSMITTAL for FY 2000								
Application No.	(Not yet assigned)	Filing Date:	(Not yet assigned)					
First Named Inventor	SOLTIS et al.	Group Art Unit:	(Not yet assigned)					
Examiner Name:	(Not yet assigned)	Attorney Docket No.;	00-494-US					

METHOD OF PAYMENT (Check one)													
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2. The Director is hereby authorized to charge indicated fees to:													
2a. Charge any <u>additional</u> fee required under 37 CFR 1.16 and 1.17 and and credit any over payments to:													
Deposit Account Number 18-0582													
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SUBMITTED BY: Complete (if applicable)									
Typed or Printed Name	Robert D. Kucler	Date: November 16, 2000	Reg. Number	45,908					
Signature	DOKE	2	Deposit Account User ID	18-0582					

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November 16, 2000

Date of Deposit



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